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Fig. 2.

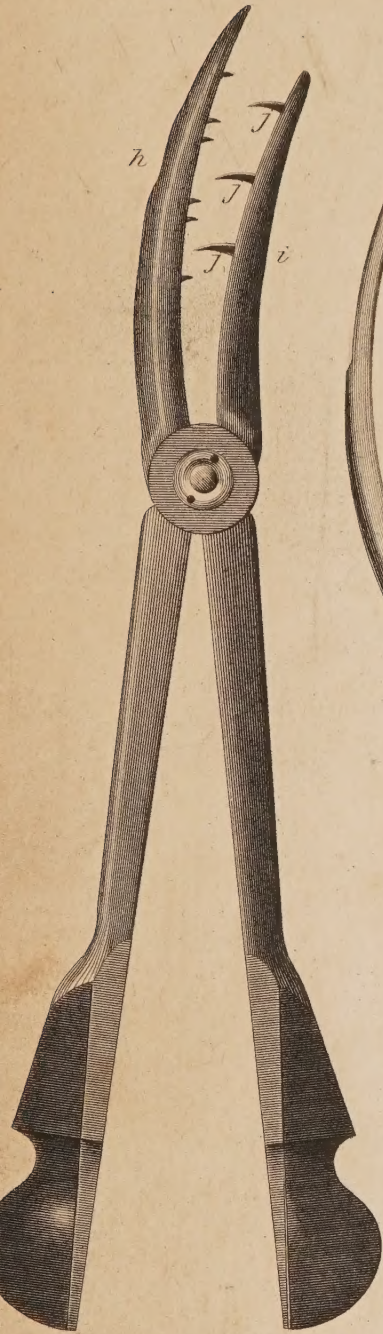


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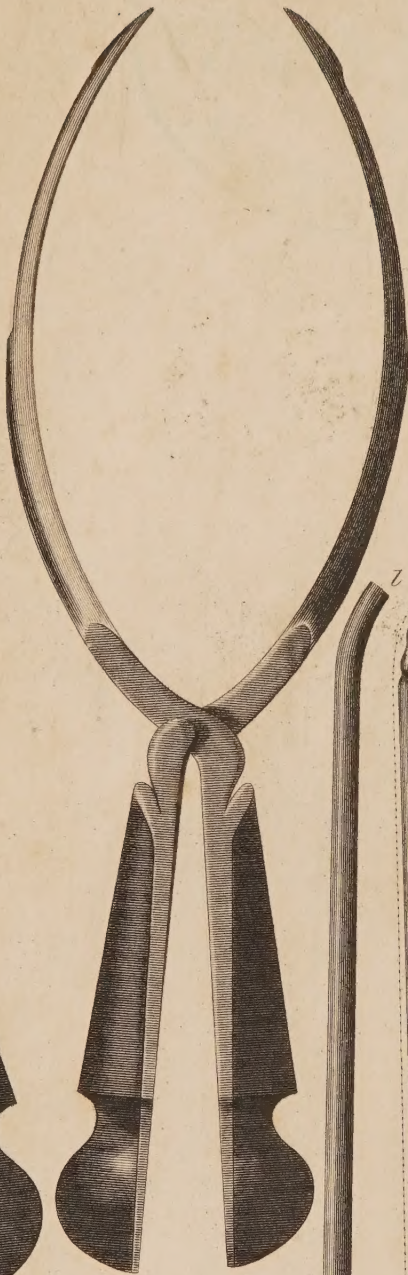


Fig. 5.



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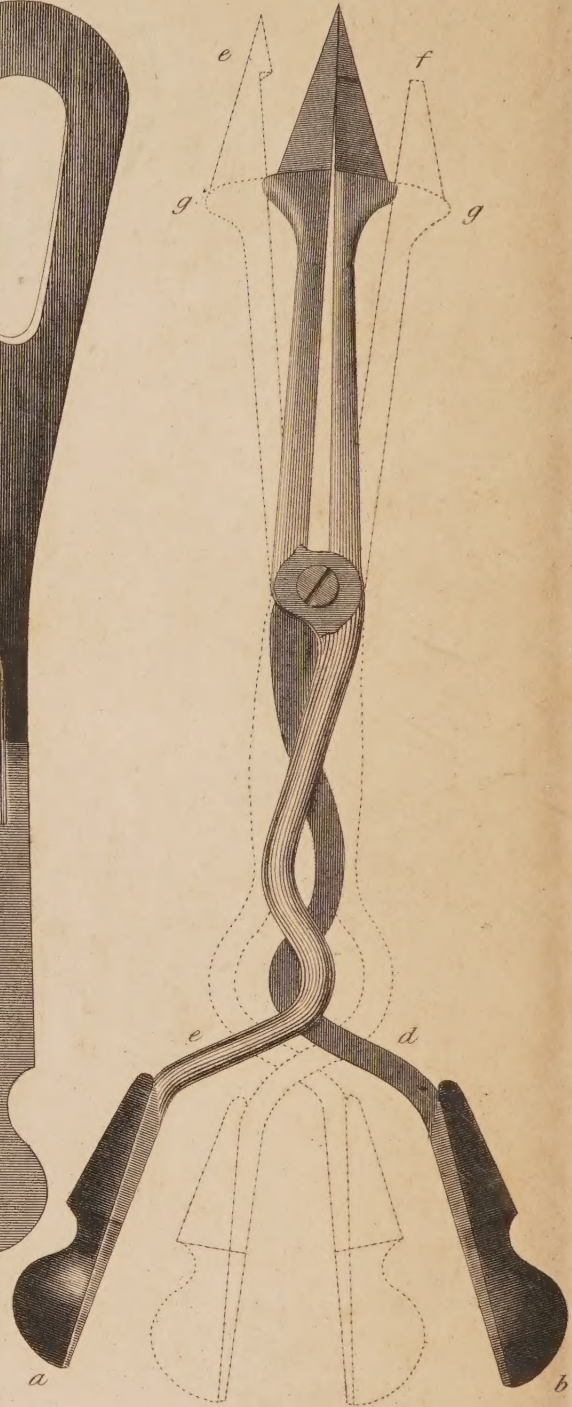


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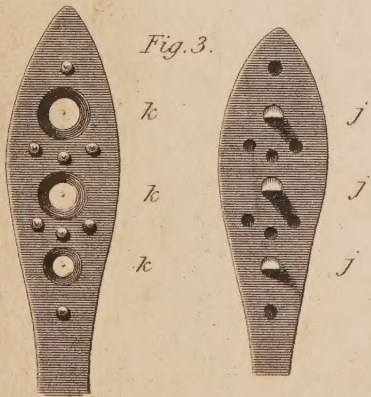


Fig. 6.



Fig. 7.



Fig. 9.



Fig. 10.



Fig. 11.





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POPULAR  
OBSERVATIONS

ON

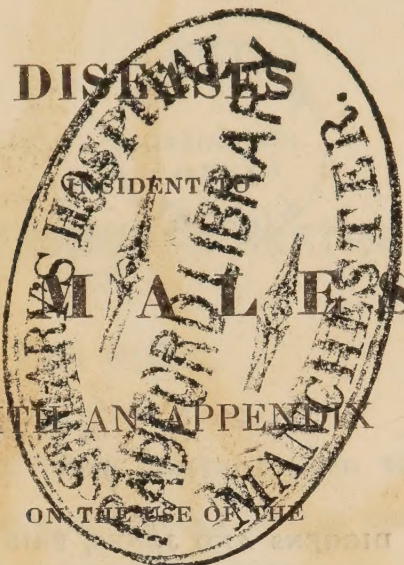
DISTURBANCES

OF THE

FEMALE SYSTEM:

WITH AN APPENDIX

ON THE USE OF THE



AUTHOR'S OBSTETRICAL INSTRUMENTS,

BY

JOHN POCOCK HOLMES, Esq.

SURGEON.

LONDON:

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1831.



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LEICESTER STREET.



TO MY PROFESSIONAL BRETHREN,

THIS WORK,

INTENDED TO FACILITATE THEIR CONTROL OVER THE DISEASES

OF FEMALES, BY SHEWING TO THE PUBLIC THE DAN-

GER'S OF DELAY AND THE POWER OF

EARLY REMEDY,

IS RESPECTFULLY INSCRIBED

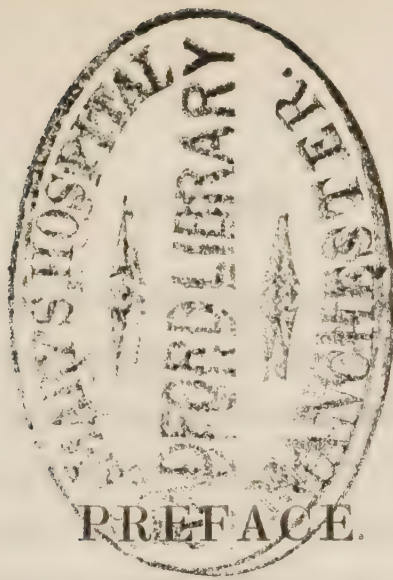
BY

THE AUTHOR.









OF late years there have appeared, on various subjects in medicine, a considerable number of publications, which while they have advanced medical knowledge, so far as the profession is concerned, have also been readily understood and appreciated by the intelligent portion of the public. This circumstance has arisen in great part from the excellent and easy manner in which they were written, being alike free from the bombastical flourish of empiricism, and the technicalities of pedantry, and partly because they were not all, as formerly, the productions of those who wrote for the public because they could not write for the profession; many emanated from the pens of some of the most learned and experienced authorities in our profession.

Thus the press has groaned beneath the weight of works on indigestion, liver complaints, consumption, &c., and the labour of explaining symptoms and enforcing rules is rendered much pleasanter to



the medical man at present, when the patient quickly comprehends, or perhaps anticipates, what is to be done, than was formerly the case when we were met with prejudice and opposition; when people feared to be bled, least they should unnecessarily fly to a resource which was always sure *once* to save life, and when an injunction from the Doctor to be temperate in eating and drinking was looked upon as the fruit of pedantic prejudice, which might be neglected very safely for the more comfortable plan of supporting the strength by dainties and cordials.

Though the works that have been mentioned as effecting this enlightenment of the public mind are of various degrees of merit, some being models of propriety of style, and valuable as the depositaries of original remarks, while others present the mere *ad captandum* sort of writing that is constantly professing experience and insinuating superior skill—yet they are all better than the “popular medicines” of the days gone by; chiefly because they are confined to so much of medicine as ought to be popularly known; that is to say, to the nature of the disease and the principles of its cure. As to going into the details of practice, as to giving the public instructions concerning the treatment of typhus fevers, and similar serious inflictions, it is (when professional attendance can possibly be had) equally mischievous and absurd, and those who have rashly attempted its accom-



plishment ought to be accounted guilty of inflicting all the pain, or perhaps fatality, the meddling of their unprofessional readers may have produced. But on the other hand, it must be allowed by every unprejudiced person, that men in general ought to have some information as to what occurrences may deteriorate their health, and as to the symptoms that threaten serious attacks, and therefore require professional interference. Now this is precisely what is effected by the works that have been written on the subjects of indigestion, scrofula, rickets, &c. for some time past. Without empirically pretending to make every man his own doctor, and entrusting dangerous remedies in the hands of those who cannot possibly know how to employ them, and prescribing what is to be done in diseases which none but a practiced medical attendant can detect, the productions in question are with the utmost propriety confined to point out those incipient symptoms which usher in serious complaints, those general rules as to diet and regimen that cannot be acted upon by any one except the patient, and those simple expedients that he may be entrusted to make use of without danger, and by the use of which he may relieve himself of unnecessary expence for professional attendance.

The very frequent occurrence of indigestion, both as a disease in itself or a cause of other diseases, has, I conceive, led to the circumstance that this



complaint has received more of the popular kind of illustration than any other. But as few authors have confined themselves strictly to their subject, but have often digressed extensively into remarks on the commoner cerebral and pulmonary complaints, these, as well as gout, cutaneous diseases, and others on which no professed treatises have been written, may be said to be very fairly laid before the public. Children's complaints especially must be allowed on all hands to have been written about with sufficient copiousness. Finally, a complaint to which our own sex are liable has given rise to so many treatises, that a book was recently published which professed to compress the opinions of no less than a *hundred* different writers on the subject.

But there is a class of diseases which have received much attention from the profession, though not so much but that there is great room for further improvement, of which diseases however no one has treated in a popular manner; I mean those which are peculiar to the female sex. I am aware this is a subject of extreme delicacy; that it is one which at first sight might seem far more proper if it were left to private consultation than made the subject of a public treatise, which may get into improper hands. I have long felt the force of this objection, but it has yielded to the following considerations:—

In the first place, I conceive that if the female



sufferer were likely to receive any benefit from a work of this kind, that fact should supersede every other consideration of delicacy, even if it were necessary, which is by no means clear, to outrage delicacy. 2nd. Few women have recourse of private consultation with an experienced medical man; they usually prefer the advice of officious old women, whose dangerous practices are pointed out in the succeeding pages. 3rd. Ladies in general are not aware of the danger of neglecting certain incipient disorders, which can only be cured by early treatment. How in these cases can private consultation supply the place of written instruction, when no consultation is resorted to; and what means are left to us except a printed treatise, which may be taken up at pleasure and read by the most fastidious, since it may be read without witnesses.

These reasons induced me to put together the facts that appear to me essential for all females to know, in a proper form. I have added such observations as I thought might be useful to the profession, especially junior practitioners. Although not sufficiently numerous to give my pamphlet the character of a work for professional perusal, they were considered too important (being founded on experience) to be wholly thrown aside; they will probably serve as the nucleus of a future systematic work on female complaints.

In this popular production I have endeavoured to express myself in the most delicate terms that



my memory suggested, without running into the extreme of fastidiousness. I have used ordinarily the latin anatomical term, and explained in a parenthesis the first time it occurs. With every pains, however, the grossness of the subject cannot be altogether concealed, and nothing but a conviction of the extreme necessity of this work could have induced me to compose it. My motives may probably be impugned by those who use the artifice of insinuating their own refined sense of delicacy and propriety, by denouncing other persons as deficient in these qualities. I am contented, however, with the consciousness of intending well. “*Honi soit qui mal y pense.*”



# POPULAR OBSERVATIONS,

&c.

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## CHAPTER I.

### INTRODUCTION.

THE diseases usually understood by the term female complaints may be considered as almost peculiar to civilized life. During my residence abroad I was at one time confined to a situation where I had an opportunity of observing the diseases of some thousands of savages, and I found scarcely an instance of maladies of this sort amongst the whole number. The frequency of female complaints may be traced principally to the following causes.

In the higher and middling classes of society in this country the great efforts that are made to cultivate the mind tend to impair materially the vigor of the body. Young ladies at school suffer a degree of confinement which is at all ages prejudicial, but especially so during early life. They do not take enough exercise, nor that of the right kind; and consequently a morbid slenderness of figure is observed, and a feebleness of constitution is developed, which lays the foundation for future ailments. I am aware that this error in female education is not carried to so dangerous a length as was the case formerly. But still, though there is, especially in the highest schools, some relaxation of the system that allowed no more exercise than a prim walk into the open air once a-day, a great

change is necessary before the female of good society will be emancipated from that erroneous system which entails on her future existence so much of misery and disease. I am not prepared to say whether a high degree of accomplishment absolutely requires this great sacrifice of health, but I presume such must be the case.

The young female who is placed in lower circumstances is subjected to still more serious inconveniences. After having undergone the confinement at school for a certain period, she is probably apprenticed to some business of a sedentary description; and not only passes her childhood, but the critical period at which the change from that state to womanhood exists, in an almost absolute privation of all exercise. This is the more lamentable as, during the change in question, a state of inaction is the very worst in which a female can be placed.

Considerable stress has been laid on the form and texture of the female dress, as prejudicial to the general health, and therefore as a remote cause of the complaints in question. But I conceive this accusation has been made on somewhat unjust grounds. It is true the coverings that constitute a lady's dress are, separately considered (with one exception), thin, but when combined they offer a very substantial raiment, whilst their division, and the consequent interposition of several strata of air (which is a bad conductor of heat) renders them calculated to resist changes of temperature in an eminent degree. Then again as to tight lacing, which has received so much animadversion, I cannot believe it produces the serious effects which have been attributed to it. It may contract the lower part of the chest slightly, but as to its impeding the circulation or causing a determination of blood to the lower part of the body, every one who remembers the capacious channels that return the blood to the chest, must at once decide that such suppositions have no reasonable foundation. The low dresses too, that have caused so much indignation on the part of our mothers and aunts, are little objectionable, for habit inures the neck, like the face, to



exposure ; and moreover modern ladies sin less in this particular at present than formerly.

Women occupying the lowest spheres of life, such as domestic servants, &c. are, during the single state, remarkably free from complaints of the kind in question. When married too, the strength that the constitution is stored with by good exercise displays itself in their frequent pregnancies, easy deliveries, and likewise in the rapidity of their convalescence. Unfortunately, when married, they are but too often exposed to causes that tend to undermine the finest constitution. These are bad diet, impure air, too long-continued suckling, exhausting exertions of body, and anxiety of mind. None of these causes are so prejudicial as the circumstance that after their accouchment the poorer sort of women are compelled to get up and to exert themselves, at a time when the more respectable females remain in bed. The former are consequently liable to relaxation and displacements that the latter are strangers to ; and not only to such immediate ill consequences but to still graver maladies as old age advances upon them.

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I shall divide my observations on the diseases of females into three heads. Under the first, the complaints to which young women are subject will be considered. Under the second, the maladies of middle aged women ; and under the third, the diseases that succeed during old age. This division is not very accurate, for most complaints that are common at one period may occur at another, but it will serve to arrange the materials I possess in the most popular form, and will enable me to develope more clearly the views I entertain.

## CHAPTER II.

## ON THE DISEASES OF YOUNG FEMALES.

THE first complaint that I shall notice is when the usual periodical profluvium\* does not come on at the proper time. Independently of the existence of a mechanical impediment, (which is a case that it is unnecessary to notice here) the usual cause of this complaint is debility of constitution, and the usual consequence a considerable aggravation of the symptoms of this debility; and often there result also very serious diseases.

It is proper to observe, that the occurrence of the event in question takes place at an age somewhat various, often at fourteen or fifteen, frequently not till eighteen or nineteen, and this is so common that a parent ought not to feel, nor a medical man to excite, any fear on the subject, if the health of the young female continues unimpaired. When, however, this is seen to fail, it behoves both parent and practitioner to take the utmost pains to excite the natural action, and to watch its progress with care.

The profluvium does not generally occur in the majority of females without being preceded by some constitutional disturbances. In the healthier class of females we find precursory symptoms of general plethora. Concomitant with an approach to greater rotundity than the young maiden has yet experienced, we observe a fulness and flushing of the countenance, occasional head-aches, and disinclination for exertion, either bodily or mental, but especially the former. Somewhat of irritability, often approaching to sullenness, is also met with.

\* *Profluvium* means a discharge, and the term may be used conveniently for any flow, either that which occurs at monthly periods or those which may take place constantly.



On the other hand, in females of a feeble constitution, although there is usually a good deal of general disturbance, it is of a very different kind. In the first place the appetite is either lost in a great measure or becomes excessively depraved. Great depression of spirits occurs, and the skin is extremely pale and dry. These symptoms are usually described as consequences of stoppage only of the menstrual profluvium, but I have, on numerous occasions, found them its regular precursors.

When, under such circumstances as the preceding, the occurrence in question does not take place, treatment becomes necessary, and this treatment should be very different according as it is applied to one or the other class of persons just described. When there are symptoms of turgescence, as in the first cases, any attempts to force the discharge by stimulants are utterly useless, and from their effect on the economy at large, frequently highly detrimental. In such cases we must consider what is the cause of the obstruction, and this we shall generally find to be that the general fulness of the system has brought on an inflammatory action in the uterine organs, which has prevented the occurrence of secretion (as inflammation always does), and consequently the depletion of the turgid vessels in the natural manner. Any other plan but what is called the antiphlogistic, or lowering, would here be manifestly improper; this may be modified according to circumstances, or the particular opinion of the practitioner: for my own part, the following is the course I have usually adopted. I have commenced with abstracting from the arm a quantity of blood sufficient to remove urgent symptoms, being regulated in this bleeding rather by the effect produced than by any particular attention to the pulse or the apparent strength of the patient. If any fulness or sensation of heat remained, I have usually applied some dozen leeches to the inside of the thighs, a situation that should always be preferred for the local abstraction of blood in uterine diseases on account of the close sympathy it has with the uterus. These measures having taken effect, I have generally waited (and we

may often wait a month or two) for the spontaneous appearance of the discharge. Usually this happens, but where it does not I have commenced a system of constant purging, with drastic cathartics. The warm hip-bath forms also in these cases a very useful expedient.

It must be clear to every reasoning mind that in cases of the preceding description a practice of an opposite nature would be decidedly injurious. Yet such is usually resorted to by all nurses and *good women*, and in too many instances by routine practitioners, who are ignorant of modern principles. The old woman administers her *penny-royal* and other herbs of a *forcing* character, and when these are found ineffectual the doctor is called to exhibit something of the same kind, but stronger or in larger doses; and what is the effect?—that the fulness which caused the plethora is augmented, that the inflammatory action of the uterine organs is aggravated, and natural discharge from the overcharged vessels more completely restrained! Thus frequently are the foundations laid of much disappointment in after life and perhaps of many diseases.

In the second species of retention, namely, that which arises from, or at least is attended with symptoms of, debility and general disorder of the digestive functions, the plan must be very different. Then our endeavour must be to restore strength to the constitution. This can only be effected by inducing the regular daily action of the bowels, and by exciting the appetite by gentle bitters. These are preliminary steps to any further measures. When they have had some effect we may have recourse to diffusible stimulants, and to that very valuable medicine steel. Exercise, which, in the first instance, can seldom be borne without injurious fatigue, must now be carried to the extent of inducing slight perspiration.

These are the only measures I have ever had occasion to use, and the only measures therefore I wish to recommend. With respect to all kinds of *forcing* medicines, I have never seen any effect produced by their use. I have seen, however, abundance of cases where their employment in the place of



the constitutional plan recommended above has been followed by long continued and distressing disorder. I lay it down, therefore, as a rule in all cases of retention of the menstrual profluvium never to exhibit emmenagogues.

The next subject I shall have to notice, is the SUPPRESSION that sometimes occurs to the profluvium after it has appeared. This complaint is very much like the other, both in its nature and the treatment required, and like that also may be divided into two species. One which arises from, or is often connected with, fullness of habit, and may be referred to inflammatory action in the uterine organs, and a second is the result of weakness and want of action. Of these two kinds, the first, or inflammatory species, is about four or five times as frequent as the second.

I have nothing particular to add as respects the general treatment of these two varieties of disease, except that medicines of an emmenagogue nature may here be called for, after the usual treatment in the second form of the disease. In the exhibition of these substances we should not, however, proceed indiscriminately, by giving them out of season. Some practitioners are in the habit of exhibiting them during the whole month. Now the absurdity of this practice is evident, from this circumstance :—that to bring on the profluvium at any other than its natural time is to alter the particular constitution of the individual, and accordingly we find that if such an action is brought about, in the course of a short time the patient becomes quite irregular in this respect, or the disease remains. If, on the other hand, the medicines do not act, they render the constitution habituated to their influence, and thus annul the effect they might otherwise possess. For these reasons emmenagogues should be only used a few days before the usual time when the profluvium is expected.

There is also another remark to be made with regard to medicines of this class ; it is, that I think they are almost always given in over doses. Strange as it may appear, I have come to the conclusion that remedies operate more certainly

on the uterus when given in small doses than when exhibited largely. I was first led to suspect this from observing how readily old nurses and midwives sometimes brought on the profluvium by means of pennyroyal and other waters in quantities so small that in ordinary practice they would be considered totally inert. The trials I made since have convinced me of the fact that our ordinary emmenagogues, in order to be efficient, must be given in small doses, and that they must be restrained by opium and diuretics from passing too readily off by the bowels. This, though it is inexplicable, is not in contradiction to what is observed in many other medicines. Calomel combined with coloquintida is known to purge, while if combined with opium it is known to operate so as to restrain diarrhæa. Small doses of turpentine excite the kidneys to an intense degree, in large doses it has no effect whatever on them, but passes off entirely by the bowels. The same fact is observed in many other instances with which professional men are equally familiar.

The use of all medicines of this kind should, as I before stated, be strictly confined to the second form of suppression. In the inflammatory species they are all, and at all times, decidedly injurious.\*

\* With respect to the particular prescriptions that should be employed, I may refer, in the first instance, to what I have before said with respect to the absence of any medicine that has a certain and direct influence over the uterus. But there are many medicines that irritate the rectum and, by sympathy, this organ, such as aloes, hellebore, and other drastic purges: on these little dependance is to be placed. There are others again which operate on the kidneys and bladder, and amongst those are found the few substances that are useful and safe.

The Tinctura Lyttæ combined with Sp. Terebinthinæ is the medicine I most frequently prescribe; about 10 drops of the former being combined with 15 of the latter, and given three or four times a-day. All the medicines that have a terebinthine taste have more or less influence; but they should be given in combination with diuretics only. Nothing can be more unscientific, or is less likely to do good, than the ordinary



## OF INORDINATE AND PAINFUL MENSTRUATION.

Authors usually class together these two affections, though without, as it appears to me, sufficient reason, for the profluvium may be excessive without pain; and, on the other hand, I have known the severest torment attend a scanty appearance. There are of course, however, many cases in which the two are conjoined. I shall treat of them accordingly in this order: first, the excessive profluvium unattended with pain; secondly, the abundant profluvium, attended with great pain, though rarely with difficulty; and, thirdly, the scanty profluvium when much difficulty and pain exists.

The first of these forms of disease should be, if we were to believe the dogma of a distinguished but excentric modern physiologist, the exact measure of a woman's worst quality; he observing that it was most abundant in those who were of the warmest constitutions. This, however, like similar generalizations on the same subject, must be viewed with a

mode of prescription, in which aloes, myrrh, hellebore, and lyttæ are combined together, drugs which operate by entirely different modes.

The Sulphate of Iron is a medicine of efficacy, but there is no rational theory to account for its *modus operandi*.

Electricity is had recourse to in desperate cases and with the highest success. Dr. MANSFIELD CLARKE has given his high testimony as to the good effects that often follow the employment of this agent. I have used it myself in many instances, but only with benefit when the lyttæ or iron was in the course of exhibition, which has led me to think it may operate by exciting the action of these substances. Certainly I never found any effect produced by its means when employed alone.

The method of applying local stimulants, by means of injections, should, whenever it is desirable to force the profluvium, supersede all others. The solution of ammonia is for this operation the best suited application. This is not, however, the only medicine that will produce this effect, ether and gin have a similar action.

The following is the best form of prescription.—*Liq. Ammoniæ* ʒss. *Aquæ* ʒvi.

smile of derision by the sober enquirer into nature, who finds that the mental dispositions do not display themselves in gross outward and visible signs. As to the point in question, I do not think any one can have had personal experience enough to decide it; but from what I have observed, as well as from enquiries instituted by a friend of mine amongst a certain class of females, I am convinced that the opinion referred to has not the slightest foundation. At the same time, the observation that the profluvium is increased by any causes tending to excite the uterine organs, and that it is sometimes produced before its natural period by the same, is very just and accurate.

The patients who have the PROFLUVIUM EXCESSIVE and WITHOUT PAIN, are usually those who are of a delicate constitution, who indulge in late hours, taking large quantities of warm tea, lying late in bed of a morning, and the other follies of fashionable life. I think those who have light hair and fair complexion suffer more in this respect than brunettes; but I do not perceive that I am corroborated in this opinion by any other author. This complaint seems oftener met with in married than single life, and those who are subject to it are also very liable, if they become pregnant, to abortions. A sort of attempt is often made about the middle of the month, in patients suffering under this complaint, at menstruation, a partial profluvium of a pallid hue coming on for a few hours. Dr. Hamilton first, I believe, noticed this fortnightly menstruation, but has not connected it with any other peculiarity as I have had occasion to do. It is to be observed that the profluvium is in these cases usually of much duller colour than ordinary, and is very thin.

The treatment of this form of menstruation is simple. Though connected with a lax habit of body, I have found constitutional remedies far less effectual than local means, a circumstance which, *a priori*, we should scarcely be inclined to suspect. During the menstrual period *rest* appears to me of the greatest consequence, and nearly all that is requisite; between the intervals cold bathing and astringent applications



are indicated. If, however, such measures are had recourse to while the profluvium is occurring, or at the time it is about to occur, they are calculated to do mischief, inasmuch as they restrain a discharge with which the uterine vessels are already gorged; and the consequence of such practice is often inflammation, either of the uterus or some remoter organ.

The **EXCESS** of profluvium that is attended with much **PAIN** and **DIFFICULTY**, is as different a complaint from the former as could well be imagined. It attacks usually females of a stout muscular frame and ruddy complexion, who are ordinarily in good or even rude health. It is usually preceded by more of general disturbance than is the case with regular menstruation. There are usually headache and oppression. A great sensation of fullness in the abdominal region, with severe pains in the back occur, and there is a constant aching in the loins. The profluvium differs from that which ordinarily occurs, in the circumstance that it comes away in lumps, or coagulates after its discharge, a sure sign that a quantity of blood has escaped from the uterine vessels, and consequently that there is excessive action. The uterus takes on various degrees of inflammatory action; and this of course causes the symptoms to vary slightly, there being, when this runs high, much tenderness of the abdomen. Bleeding, in the first instance, from the arm, and afterwards by leeches to the pudendum, about three days before the profluvium is expected, are all the measures I consider requisite, and they are, according to my experience, uniformly successful.

During the paroxysm, opium may be given to allay pain and promote relaxation. Here all astringents, whether local or general, do much mischief.

When, attended with much pain and difficulty, a **SCANTY PROFLUVIUM** occurs, we shall almost always find that this is extremely firm, and that the local inflammatory action runs high. This complaint attacks the feeble as well as the robust, and may occur only once (being in such case usually traceable to cold taken) while the other forms seem prone to

occur at all times to those who are subject to them. The complaint clearly arises from inflammation, accompanying the uterine discharge; the coagulating part of the blood is thrown out, becomes firm, and is not ejected without the utmost difficulty. I have seen cases in which this fibrine had so accurately moulded itself to the form of the uterus that it presented the appearance of a membranous bag, detached from that organ.\*

These are cases in which the treatment is tolerably plain; it is simply to reduce the inflammatory action of the uterus, and assist the efforts of that organ in throwing off its contents. With respect to the first indication, patients that are very robust will bear general bleeding; but in the majority of cases we must confine ourselves to the local application of leeches. These should be repeated from time to time for the first two or three days, and then it is proper to excite the expulsive efforts of the uterus; for this purpose the ergot of rye is perhaps the most successful agent that has been introduced into practice.†

There is yet another complaint in which the profluvium gets rather vitiated than increased, giving rise to tumefaction, prurience, sometimes to slight excoriation; it is very rare, yet I have met with it, and that where no suspicion as to any thing of an infectious nature could possibly be entertained. I have usually found that where the saline aperients were given, and the local applications consisted of preparations of lead, used warm, this state of parts soon subsided;

\* Dr. Clarke mentions that he has frequently met with appearances of this kind, in which also casts of the fallopian tubes had been formed, as well as of the uterus; and it would appear from the same authority, that these false membranes are very rapidly formed, inasmuch as several have been known to come away successively within twenty-four hours.

† In order, however, to ensure the good effect of this medicine, we must obtain it in its solid form. The powdered ergot, like every other powder sold by chemists and apothecaries, is adulterated. It should be well broken down, and then boiled in water, in the proportion of ʒ ii. to iv. of ergot to ʒ vi. of the water.



but that when astringent injections were employed, a chronic discharge which was of long continuance and extremely troublesome, has ensued.

I have passed through this chapter in a manner that may appear to the popular reader little calculated for her instruction, and it is true that I have written it chiefly for the student. She may, however, derive from it this instruction—that it is dangerous to trust to the prescriptions of mothers and nurses, or the still more dangerous prescription of the chemist, “across the counter,” whose only idea on the subject is to give something to *force* the profluvium—that there is such a thing as time and seasons for giving medicine, so that what is good at one period of suppression is bad at another—that when the health is good no serious alarm need be entertained—and that under all circumstances, regularity of diet, exercise, &c., will do more to assist nature than any specifics. She will learn, moreover, that there are inflammatory states in which the attendance of a medical man will relieve much immediate pain, and probably future suffering.

It is of the utmost importance to call the attention of my female reader to one circumstance connected with the complaint to which this chapter has been devoted. Nothing is a commoner cause of suppression than damp feet, which should therefore be especially guarded against. This, though an old woman’s precaution, is one which cannot be neglected with impunity, and at the same time cannot always be observed. What then is to be done when the feet *have* been suffered to get wet?—simply to take off the wet shoes and stockings, and rub the feet with a dry and warm towel until they are quite red and glowing. If, however, the exposure to damp has been of long continuance this friction will not be sufficient. The feet ought to be placed in water *as hot as can possibly be borne*, in order to excite the vessels and bring back the circulation into the lower extremities; at the same time some stimulant should be taken, and the lady should go to bed, or sit before a large fire. In winter this would per-

haps increase chilblains, but this is a very inferior consideration to the least risk of stopping the monthly profluvium. For most of the inveterate cases I have witnessed have arisen from a sudden check being given, by cold, to the circulation of the lower extremities, and not a few of them have terminated in fatal affections of the lungs or other internal organs.

This fact and its consequences cannot be put in too strong a light before women of all classes, viz.—That although in several instances before-mentioned the non-appearance of the natural profluvium need excite little alarm—whenever it is restrained or suppressed by the patient having taken cold, immediate advice must be obtained. In such an instance it would be highly dangerous to delay, because experience has shewn that even by the practitioner little can be done with the case after the first; and it is almost needless to remark that in such an instance no effect would follow from domestic management. At the same time it is to be observed that there are no cases which lull the patient into so much security as these, because cold is a common and trivial complaint, and after this is over no bad symptoms commonly follow the suppression for many months; oftentimes none are observed until consumption has fixed irremediably upon the lungs.



## CHAPTER III.

ON THE DISEASES CHIEFLY OCCURRING TO THE MARRIED  
AND MIDDLE-AGED FEMALE.

THE majority of these complaints are characterised by a profluvium that does not occur periodically but constantly. It may be very various in appearance, and may arise from many very different diseases.

The most frequent complaint to which the young married female is liable is that which, in professional language, is denominated *Leucorrhœa*. This consists in an increase of the moisture which is natural and proper to the passage leading to the uterus ; this increase being so great that an actual profluvium occurs, very irritating and disagreeable to the patient, and which engenders great debility and other constitutional disturbances.

Single women are not exempt from this complaint, but still it is unfrequent. In ladies who have been a short time married, or have had no children, it is extremely common. With respect to its causes, perhaps the most frequent is a natural debility, the result of sedentary habits ; the disorder is generally, however, called into operation by taking cold, local irritation, anxiety of mind, or over fatigue.

Under the circumstances just mentioned there can be no difficulty in discovering the existence of this complaint, or in distinguishing it from others. As, however, it occurs often at more advanced periods of life, when diseases of a very serious nature may occur, and which are also attended with an increased discharge, it becomes necessary to examine the nature of the profluvium and some other circumstances with peculiar care. The practitioner is much to blame who overlooks this very important circumstance. He should

always suspect the profluvium to be a symptom of serious disease when he finds the remedial agents presently to be described unavailing, and he should never hesitate to satisfy his mind as to the correctness or incorrectness of his suspicions *at once*. For if he neglect thus to satisfy his mind, he may allow that time to pass away at which alone any efficient practice can be had recourse to, and moreover the very measures which he is using may be acting injuriously.

Now by satisfying his mind, I mean of course that he should ascertain by the *touch* whether any tenderness, ulceration, or tumor, exist in the part; and the present is perhaps the properest place to urge some remarks that I consider of importance on this point.

Women, unaware as they necessarily are of the preciseness and accuracy of the information that may be derived from manual examination, often betray the utmost aversion to it when first proposed. Hence the practitioner, especially if he be a young one, is but too apt to prescribe without urging this indispensable preliminary. And, consequently, it continually happens that tumor or inflammation of a portion of the womb remains undiscovered for months or years, and is at the same time aggravated by being treated as leucorrhœa, when *one* examination would have satisfied the practitioner as to the course he ought to have pursued. With reference to this subject I must remark that although sufficient admiration cannot be paid to feminine delicacy, a lady should recollect that if the instinctive feeling of modesty which is natural and proper to her usurps such an ascendancy as to be opposed to all reason and discretion, to her own health, and to the happiness of her family, it ceases to be a virtue; it becomes at least a weakness, perhaps a crime; and on the other hand, the medical practitioner should remember that of all persons it least becomes him to yield to such scruples, since his own reputation as well as the safety of the patient may be compromised. There is no reasonable objection against the performance of this necessary duty; there is no exposure of the person, and it does away with the necessity



of asking many questions of an indelicate nature. It may be added that, in point of fact, fastidiousness of this kind is not always a mark of real modesty, for medical men are well aware that with a certain class of women there is always more trouble in this respect than with ladies of the purest character. I may seem to dwell long on this topic but its importance may excuse me. Perhaps I may be permitted to quote the forcible expressions of DR. CLARKE :—

“ It is notorious that many practitioners prescribe for complaints of these organs, from a mere history of the symptoms given by the patient. It is quite impossible in many complaints to depend upon such descriptions; and daily experience demonstrates the futility, and in some cases the injury, arising to patients from medicines prescribed upon such vague information.

“ From the general disinclination of practitioners to make an examination, arises in part their want of success in the treatment of these complaints; and from this omission proceeds the dislike which many patients have to an examination being made by a second practitioner, when it had not been proposed by the first. In considering the complaints of these organs, it does not appear that they are more easily discovered than those in other situations. They require as much and as attentive investigation; they are not less numerous, or more simple than those of other parts; and by conjecture truth is not likely to be elicited.”

Let us return from this very long digression to the subject of leucorrhœa.

Ordinarily, the profluvium that is met with in this complaint is transparent and colourless, leaving nothing more on the hand after an examination than an unctuous moisture. If this be washed off in water it produces the slightest degree of turbidity in that fluid. The transparency, the want of colour, and the power of rendering warm water slightly turbid, are then the general characteristics of leucorrhœa: but these appearances are confined to mild cases, or such as are not of long standing; the profluvium, under high states of excite-

ment, may become purulent, tinged with blood, or greenish colored. In one instance I have known it assume the appearance of curds and whey : in this case, which was a very obstinate one, the matter in question collected so abundantly in the night that it escaped in a very perceptible manner on the carpet when the lady got out of bed in the morning.

It is proper to notice that a profluvium similar to what is seen in very severe cases of this kind, is the consequence of infection. This topic is a delicate one to handle; but it must be entered upon; for ignorance on the part of the practitioner, as to the fact that inflammation of the vagina is, when very severe, exactly similar whether it arises from common causes or from improper connections, has caused much distress in the bosoms of families. I would not advise the young female to enquire, nor the practitioner to attempt to determine too precisely, the causes of these affections; for they cannot be ascertained with any certainty, and nothing can be more foolish than to wreck domestic happiness on mere suspicion and surmise. One thing however may be remarked, that when the profluvium is very copious, comes on very suddenly, and is preceded by tumefaction and purulence of the external parts, it requires more active measures in the first instance, and greater care to give it an immediate check afterwards, than when it is the mere increase of the natural fluid I first described: hence it ought never to be entrusted to domestic management.

#### TREATMENT OF LEUCORRHŒA.

With regard to the treatment of this complaint, much will depend on the time it has lasted, the extent of the discharge, and the constitution of the patient. I apprehend that on its first occurrence in young and middle aged females of tolerably good general health, it always arises from an inflammatory action in the mucous membrane of the vagina. When consulted, therefore, in a case which is described as having been brought on by cold, or over fatigue, and as having



existed not more than a fortnight or three weeks, I invariably give smart purgatives, order a low diet, and warm fomentations. When this has been persevered in for a week, sponging the hips with cold water and the use of a slight astringent may be used. The strength of the astringent may be increased to a considerable degree if this is not speedily effectual; for it is bad practice to allow the parts to get in an habitual morbid action. If the injections do not at once take effect they should be changed, and so far strengthened as to produce a complete revolution in the secreting powers of the part. This is also the line of practice to be pursued when cases have existed long before we have seen them, if the profluvium is not very much changed from its natural state.

It is evident that when an attack of this disease comes on, and is not of a severe character, a female may safely try mild opening medicines, and the warm bath afterwards, followed by the cold, for a few days, without consulting a medical man.

It will be remembered that the profluvium that arises in the milder cases of leucorrhœa, has an unctious feel to the finger, and that it leaves on the cloth nothing more than a transparent mucus; when this is the case, the treatment above mentioned is safe. But if the discharge be purulent, or if, as in the case now referred to, the profluvium has a milky appearance, we may be assured either that it is from some morbid growth, or that it is the result of some inflammatory process going on in the membrane, and that such treatment will be injurious. In all these cases no medical man is warranted in prescribing until he has ascertained, by an examination, the source of the profluvium in question. When he is satisfied that it does not arise from ulceration or tumor, it still becomes interesting to know what part of the cavity it springs from, whether from the membrane lining the vagina or that within the uterus. The latter case is indicated by a tumefaction over the pubis, and some periodical bearing down pains. In both, however, the treatment

is identical, namely, the treatment of chronic inflammation. Tepid injection, warm bathing, purging, with calomel and rhubarb, rest, temperance, and strict abstinence from the nuptial bed, are requisite in all cases; to these may be added, local bleeding, by cupping or leeches, and when the uterus seems chiefly affected, blisters to the lower part of the abdomen or the groins. Plethoric women, who are fat and middle aged, require active general bleeding.

It is to be observed that leucorrhœa is often a symptom of hæmorrhoids, of ascarides, or of stricture or cancer in the rectum. In these cases, remedies or palliatives adopted to the primary disorder are of course indicated; but when we find, as is sometimes the case, that the original disease is always much increased by the diminution of the leucorrhœal discharge, it will of course be a matter of consideration how far this is to be interfered with.

There is no complaint with which leucorrhœa is so liable to be confounded, as inflammation of the os uteri.

#### INFLAMMATION OF THE OS UTERI.\*

When this complaint occurs, the glands which surround the os uteri pour forth an increased quantity of fluid; this is described by Dr. Clarke as of a milky appearance, readily diffused in water which it renders turbid. I have before stated that any decision founded on the mere appearance of the profluvium is liable to error. He describes it as inodorous, but I have always discovered that peculiar though faint odour in it which we observe during the commencement of all labours, and which I should imagine most practitioners of midwifery will at once acknowledge. With respect to symptoms, there may be a great deal of pain and uneasiness of the back and coccyx, increased by exercise and relieved by the recumbent posture. A great deal of pain during a difficult motion is more constantly found. Tenesmus and frequent desire to evacuate the urine occur often, their

\* The Latin term implies the mouth or orifice of the womb.



presence indicating the sympathy which the bladder and rectum have with the uterus. Sometimes, though very rarely, we meet with constitutional disturbance or irregularity of menstruation ; but upon the whole there is no symptom but the following that can be depended upon. It is that, on making an examination, the finger passes along the vagina without producing any pain, but immediately it comes in contact with the os uteri the patient complains. Otherwise this part does not appear altered in any way, if we except, perhaps, a little puffiness which I think I have perceived, though on this point other authors are silent. It is worthy of remark that women who suffer from this complaint, rarely, if ever, become pregnant until it is removed.

This disease readily yields to the employment of very obvious remedies if it has not been previously mistreated. The recumbent posture, separation from her husband, (if a married woman) and abstemious living must be enjoined. Where there is sufficient strength we may take a considerable quantity of blood from the arm. If the patient be weak, local blood-letting should be had recourse to—cupping of the loins is usually ordered, but I consider leeches to the labia far more effectual. Aperients of mild character are of course proper, as well as warm bathing and fomentations. An injection should be thrown into the vagina composed of three drachms of laudanum, and half a pint of warm water.

These measures only fail when, as often happens, the patient has been for some time in the hands of practitioners who do not attend to the minutiae of practice, and who have been prescribing astringent and stimulating injections, and exhibiting tonic medicines for some time, under the idea that the complaint was mere weakness. These cases cannot be relieved by other than the means I have just recommended, but they must be longer under treatment, and sometimes our expectations of affording relief will be very much disappointed.

Bleeding, then, general in strong patients, as well as local,

local alone in weaker ones, attention to the bowels, and soothing applications to or near to the part affected, are the means we should resort to to remove inflammation or inflammatory tendency of the neck of the uterus. But the removal of symptoms should not satisfy us. We should endeavour to prevent the recurrence of the malady. We should treat the patient with as much care in order to prevent the *return* of her complaint, as we have observed in combating its immediate attack. Our prophylactic method of procedure must, however, be very different from our curative.

In nine cases out of ten the patients who suffer from this malady, are what are denominated by a much abused and very inexpressive term, *scrofulous*. It means simply that they are persons liable to affections of the glandular, rather than any other system of the body, and that they have fine transparent skins and light hair, and are any thing but robust.

In a class of patients such as this, it is clear we should do nothing to reduce, but every thing to exalt the tone of the system. Cold bathing, bark and steel, with good air, nutritious diet, and plenty of exercise, must all be in requisition to prevent the return of the complaint, although they are, when it is once present, the most injurious that could be thought of. During the whole course of treatment an absolute separation from the husband should be enjoined.

There are some other morbid changes about this part worthy of particular attention. The first is a warty excrescence from the orifice of the urethra. This is so extremely tender that the least touch produces insupportable pain. The passage of the urine over the part also excites much disturbance. Occasionally the whole length of the urethra is affected with an inflammatory action that tends to produce induration, is attended with continual desire to make water, and great pain either on coition or when, in an examination, the finger is pressed against the posterior part of the pubis. The extirpation of the wart by ligature, and the introduction of a large



bougie in the other form, have been usually advised. But I have found both cases readily cured by introducing a bougie smeared with an ointment composed of five grains of nitrate of silver and one ounce of the ung. cetacei.

It is very clear that in these kind of cases domestic management can do next to nothing, and is moreover unsafe.

## STERILITY.

Barrenness, formerly considered as one of the severest inflictions of offended heaven, and in the present day the frequent source of domestic uneasiness and infidelity, owes its origin to various causes. The first of these causes which I shall mention is mismenstruation. This will be considered far from surprising if we recollect that there are few physiological facts better established than that the chief office of menstruation is to adapt the uterus for impregnation. It follows then that the latter function cannot occur if the former be prevented. As a matter of fact it must be remarked, however, that few, if any, cases of sterility seem to be produced by irregular or scanty menstruation; when such maladies exist in the single state they are ordinarily removed by marriage. It is chiefly in painful and difficult menstruation that sterility occurs.

The next frequent cause of sterility is the weakness produced by long-continued and severe leucorrhœa. It does not appear that this affection is itself a bar to conception, but the debility that occurs as a consequence, by undermining the constitution, incapacitates for pregnancy.

The third cause I shall enumerate is inflammation of the cervix uteri. I have before cursorily mentioned the opinion that conception never takes place whilst this complaint continues, and I may here repeat that neither in my own practice or in that of my friends have I ever known such an event to occur.

With respect to the cure of sterility, this of course must depend on the nature of the cause that has produced it; the modes of treatment for their removal I have already stated.

Though it is not the intention of this publication to comprehend these affections which usually form a part of treatises on midwifery, yet I may be permitted to make a few remarks on abortion. Not that I have any thing particularly to state on this subject that is novel to the experienced practitioner, but the importance of correct principles to the junior surgeon is so great that their inculcation cannot be deemed obtrusive in any place.

In a few instances abortion comes on very suddenly after a fright, slipping from the curb stone, or the like trivial causes. After a few slight pains the costers break, the lady goes to bed, and the fetus is discharged along with some blood. In by far the greater portion of instances, the miscarriage is preceded by a hæmorrhage, always alarming to the patient, and sometimes so profuse or long continued as to excite no little anxiety on the part of the medical attendant.

In all these cases we have to consider the following alternative,—whether the threatened abortion ought to be *restrained* or *encouraged*.

I lay down the general rule that we should endeavour to restrain the hæmorrhage in all cases as a preliminary step. For this purpose we proceed as in the ordinary treatment of hæmorrhage in other parts of the body, namely, if it is active, if the patient be strong and plethoric, we take away suddenly such a quantity of blood as may produce slight revulsion. I may remark, however, that it very seldom happens that plethora produces the disposition to abortion, or that strong women are the subjects of it—speaking of course comparatively. Nor when this happens is it prudent to push venesection far. In the next place, the patient should be laid on a mattress, and lightly covered, in a cool place. The bowels should be opened by aperient enemata, and afterwards an enema of cold water, and one drachm of laudanum should be administered. At the same time saline purgatives should be given, and that useful class of medicines, astringents, exhibited in full doses. Of these the superacetate of lead, in doses of from four to six grains daily, has obtained the suf-



frages of the majority of practical men, but I confess I am more favourable to the use of sulphate of zinc, partly because it is not likely to produce such alarming constipation of the bowels, and partly because I think I have observed that in proper doses it is of superior efficacy. Digitalis, infusion of roses, &c., may of course be enjoined.

Now I have stated that those measures I should have recourse to at first, in all cases of early abortion. The system-maker may remark that it is absurd to endeavour to retard when it may happen that the case may be such that labour is necessary to the recovery of the patient. But I reply that (whatever may have been said to the contrary) there is no certain method of ascertaining at first whether the miscarriage may be prevented or not; although I grant that it is a strong presumption that it must come on when we find the hæmorrhage abates little, either from the effect of medicine or its own operation on the constitution. It does not follow, however, that even if the necessity for abortion were known we should be justified in bringing it on by manual interference, or that the means which restrain hæmorrhage would be improper. On the contrary, as an argument for delay, I should be inclined to urge the fact that hæmorrhagic tendency is very favourable to the relaxation of the cervix uteri and vagina that favours miscarriage; while, as a defence to the exhibition of astringents, I must request my opponents to remember that we may subdue hæmorrhage without reducing the expulsive powers of the uterus.

When, however, life is threatened by the extent of hæmorrhage, or when it has continued so long in spite of our measures as to be alarming, we should encourage abortion. This may be effected in two modes; first by medicines which increase the powers of the uterus, and for this purpose there is nothing comparable to the ergot of rye; secondly, by breaking down and detaching the ovum—generally when the hæmorrhage has continued for some time, we may perform this operation by insinuating the finger into the os uteri—but when this is not practicable the stilet must be used.

For the use and structure of which, see the account in the appendix.

It is well known that abortions are very liable to recur to the same individual in whom they have once taken place. This is especially the case when there is any anxious anticipation. It is really astonishing how much the mind influences the action of the parturient powers. In weak women any alarm or slight quarrel will very commonly cause abortion, where there is a predisposition to it. But I have known a mental impression, of a most violent kind, which appeared to arrest miscarriage. A lady, of slender make, and somewhat scrofulous, and who had suffered much from excessive menstruation, regularly aborted, notwithstanding every attention at the third month of pregnancy. She became *enceinte* a fourth time, and just at the above-mentioned period, her husband was brought home dreadfully injured. He had been thrown from his gig, and received a concussion of the brain. During his illness, his consort nursed him with unremitting attention, and happily he recovered. The violent mental agitation to which she was subjected, caused her to pass the period of tendency to abortion without danger.

Of the numerous and important cases which demand the attention of the professional adviser, during or after delivery, it is not my present purpose to treat. Let me remark, however, that there is great danger in the usual plan of keeping a lady for one month in her room, and then suddenly exposing her to the atmosphere, and above all to the atmosphere of a church. It may be impossible to fix, with any degree of precision, the time at which unusual precautions and confinement may cease, because so much depends on the constitution of the individual; but I am well assured that many women lay the foundation of serious disease in after life, by returning to their domestic duties and relations so early as one month, whilst on the other hand this is to others a period of unnecessary confinement. The plan of keeping the patient too long in bed, also deserves animadversion. After the first processes have succeeded delivery.



our object should be to brace the system, and restore those parts which have been subjected to injurious causes to their natural tone. To this purpose no treatment can be more opposed than that of keeping the patient in a warm bed, which at once relaxes and debilitates the frame. The recumbent posture is of the utmost importance, but it should be taken on a firm elastic sofa during the greatest part of the day. The habit of lying down for a considerable period every day for some time after the month in all cases is very proper, and to this, tonic and astringent medicines may often be added with advantage. There can be no doubt that all the displacements, and many of the fatal diseases, which afflict the aged female, owe their origin to neglect, in this particular,—to the absurd custom of making one period the signal for a return to those habits of which the manifest tendency must be to prevent contraction, or in other words, the return of the constitution, and the parts affected, to their natural and healthy state.

## CHAPTER IV.

## AFFECTIONS CHIEFLY AFFLICTING PERSONS IN ADVANCED LIFE.\*

THE affections of women who have passed maturity may be divided into displacements of the natural organs, and into morbid growths in those organs. But previously to entering upon either of these topics, I feel it necessary to make some remarks on the grand climacteric, or what is popularly termed the turn of life.

It is well known that at a period, varying between the ages of forty and forty-five,† but usually between forty-three and forty-five, women are liable to cease to undergo those monthly affections which, during the time of womanhood, are equally essential to health and reproduction. This change never occurs without some alteration in the health of the patient, but this is seldom formidable and scarcely ever fatal immediately. Yet it is not uncommon, when certain symptoms have been neglected, that the train is laid for serious future disease. Hence, patients should be particularly careful not to neglect such simple precautions as are necessary to obviate remote as well as immediate consequences. In the first place, it is to be observed that in the most favourable cases menstruation gradually declines, and in this way the constitution becomes insensibly prepared for important alteration. It should therefore be attempted by practitioners

\* I have said, in a former part of this work, that the line of division I have adopted is not very accurate. This is particularly true of the maladies described in this chapter. Very recently, for example, a friend of mine related to me a case, in which he had found the uterus and ovaries scirrhus, although the patient was only thirty-three years of age.

† Instances are on record which have exceeded even this period.



to prevent its too sudden subsidence; means should be adopted to produce some secretion at the monthly period, although but little, and this plan should be persisted in for a period, varying of course with the state of the patient, that is to say, longer in fat and strong plethoric women than in those who are slender and weak—longer usually when the menstruation has shown a disposition to cease early, than when the period of its decline has been long delayed.

With respect to the means to be adopted for putting in force the above-named practice, I have little to add to what has already been stated with regard to retention in general, except that in the present cases emmenagogues, or medicines of a forcing character, may be given with greater freedom, for it rarely happens that the irregularity is owing to any thing of an inflammatory character. I must make a reservation on this point as to cases where the discharge suddenly and completely ceases, because this circumstance is usually to be attributed to cold taken, and therefore is to be treated exactly by the same bold antiphlogistic measures as I have before recommended in retention, from a similar cause. Generally speaking, I give brisk emmenagogues, so as to ensure the occurrence of the monthly profluvium for two or three months—occasionally abstracting blood, if any determination of blood to the internal organs appears.

At the time of life to which I am now alluding, women should be very careful to observe every strange or unaccustomed sensation which may occur in the parts in question. Particular attention should be paid to the state of the abdomen—for a sense of weight and fullness sometimes precedes the formation of tumors in this part; and even when these are formed they may, if detected, easily be kept stationary for a much longer period than if suffered to acquire any considerable bulk. An experienced practitioner should be consulted therefore in time, when fears of this kind are entertained.

## OF DISPLACEMENTS.

The commonest displacement that occurs is a prolapsus, or sliding down of the uterus. This complaint may exist, in various degrees, from the slight relaxation that causes the uterus to approach from its natural distance of four inches from the surface of the body, to within two or three inches of the same—even to that perfect protrusion that presents itself as a large tumor hanging between the thighs. I shall consider the complaint under these two forms; first, as it exists when the prolapse does not show itself externally; secondly, as it appears when this circumstance occurs.

We distinguish prolapsus, when it remains in the body, by the following circumstances. A tumor is felt; this tumor can be felt not to spring from a particular spot, but as it were from the whole circumference of the vagina. The tumor recedes when the patient is recumbent, and is perceptible in the highest degree only when she stands; there is an opening or fissure on its inferior surface. There is a very copious discharge of mucus, and a correspondent degree of weakness and constitutional disturbance.

In this case the practice is sufficiently simple. We have only to confine the patient to the sofa, correct, by the usual alterative and aperient course, the constitutional disturbance, and effect a natural barrier against the prolapsus, by causing the vagina to resume its natural state of contraction by astringent injections: mechanical support is in these instances sometimes necessary.

When the prolapsus has occurred to such an extent as to cause an external tumor the case is evident enough, we have only to distinguish it from prolapsus of the bladder, or an inversion, that is, a turning inside out of the uterus. But from both these it is clearly distinguished by the simple circumstance that the tumor has on its under part the fissure or opening of the os uteri clearly apparent.

Now it follows as a matter of course that in all cases of this kind the lining membrane of the vagina is inverted, and



descends over and covers the tumor ; this membrane, like all other mucous membranes exposed to the air, loses its secreting property, becomes dry and exanguious, and presents an appearance midway (though slightly varying one way or the other) between the white dry and rough external skin and the red moist and smooth membrane observed in the mouth and similar internal parts. It happens, however, that the inverted mucous membrane does not readily take on the appearance or functions of the common skin. Hence superficial ulcerations are apt to occur that sometimes appear like the rhagades or fissures on the lips of a person who has a cold, and sometimes display a patchy excoriation. Both these disappear readily when the parts are returned to their natural situation. It is a remarkable circumstance, though one we should naturally expect from the preceding observations, that this complete prolapsus is attended with less discharge, and consequently less debility and its train of constitutional disturbances, than the partial prolapse, which leaves the membranes still internal and secreting. For the membrane of the vagina losing, like all other membranes when exposed to the air, its power of secreting, there is no longer that drain upon the constitution which in incipient cases is effected by the discharge of mucus.

The cure of procidence of the uterus can only be permanently accomplished by bringing about the return of the natural contraction of the vagina, and we have already stated that the chief local agents for this purpose are strong astringent injections. But while we are waiting for the operation of these applications, a support becomes necessary for the uterus, and when the tone of the vagina is lost this support requires to be permanently retained.

For the support of the uterus the well-known instrument called the *pessary* was invented; though the term comprehends several instruments of various form and substance. With respect to form, we have the globular and the flat pessaries, each of which may again be divided into the round and oval. The flat round pessary is that which is used in

the majority of incipient cases. It exerts a uniform pressure on the sides of the vagina. But when a large size is required this form is inadvisable because the pressure it exerts on the urethra before and the rectum behind is prejudicial. The form is therefore altered to the flat oval, which may be enlarged to a great extent. Both these pessaries have an opening in the middle for the escape of the mucous and menstruous secretions. But there are cases in which neither one nor the other of these instruments can be retained with effect, and consequently the globular pessaries come into requisition.

With respect to the substance of which these instruments have been composed—a pomegranate steeped in wine was employed by Hippocrates, and since his time we have had them made successively of wax, cork, sponge and box-wood, caoutchouc or Indian-rubber, and the compound substance of which the elastic gum catheter is composed. Of all these it is only necessary to notice the three last. Box-wood has the advantages of being tolerably light and close in texture; but its unyielding nature and the circumstance that its size could not be diminished while it was being introduced, were serious objections. This was attempted to be obviated by the use of Indian-rubber, but this substance, when in the body, yields by the natural warmth and pressure, and soon loses the exact form that is required. The French make pessaries in a most superior manner, apparently of the same composition as the elastic gum bougie, and stuff them with cotton, wool, or horse-hair. They are by far the best hitherto invented, but there is still room for further improvement, and this I conceive I have effected by a very simple contrivance. Previously, however, to describing my invention I shall state what are the desiderata in all instruments of this kind. Dr. M. CLARKE says, “a good pessory should combine firmness, lightness, and closeness of texture:—firmness, that it may not yield to pressure; lightness, that it may not incommode by weight; and closeness of texture that it may not imbibe the secretions of the vagina.” To these



requisites I shall add two others; a good pessary ought to be capable of having its bulk easily diminished, for the purposes of introduction or removal, and its "firmness" should be combined with elasticity. Now the elastic gum is light and close of texture: how is firmness to be given?—simply by distending it with air, after the manner of the air-cushion used for travelling. Since I have made this discovery it is astonishing how much comfort I have been enabled to afford by its employment.

There are other displacements of the uterus into which it is not at present my province to enter, since they are not very pressing; nor have I any thing to add to the descriptions and modes of treatment detailed in the ordinary standard works. There is *one* disease, however, which is very liable to be confounded with prolapse, and may therefore justify a brief notice. This consists in a falling down or displacement of the bladder, and is called *PROCIDENTIA VESICÆ*.

Few men who have discretion and have not had the greatest experience would take upon themselves to say whether a tumor is a procidence of the bladder or of the uterus, especially the first time they make an examination. Yet there are marks which may be considered infallible when their existence has been demonstrated by repeated observation.

It is a grand distinguishing mark between procidentia vesicæ and procidentia uteri, that in the former complaint the patient is generally worse in the recumbent position, or at all events as bad as in any other position. Also, that the fullness which is produced by the accumulation of urine, and which has no sensible effect on the procidence of the womb, aggravates extremely the symptoms of a procidence of the bladder.

A pain at the navel, with a sense of tightness in that situation, is also reckoned a diagnostic mark of this complaint, and we must note that this symptom also is most distressing when the bladder is full.

But the procidence of the bladder is not attended with any

thing like the stomachic disturbance that attends the pro-cidence of the womb. Visual examination, however, clears up the point completely: in the prolapsed womb the orifice of that organ is always observable, whilst nothing of the kind is to be observed on the surface of the bladder. The urine requires to be drawn off frequently in this complaint, an operation of some little difficulty if we forget that the course of the urethra is much altered. Hence the catheter must be curved, and its curve directed downwards and backwards; it must also be held in a more horizontal position. The bladder may be supported like the womb, by a proper pessary, and the general treatment is the same as for prolapsus uteri.

#### OF TUMORS.

Tumors of the uterus may be distinguished into such as are malignant, and such as are susceptible of cure.

In the first place, the substance of the uterus is liable to assume an *indurated structure*, but this is not a proper cancer, since it has not been known to ulcerate, and since it is capable of being perfectly cured by antiphlogistic and soothing treatment steadily continued.

Secondly. The os uteri is also liable to enlargement—to become split as it were by fissure, and to a soft and highly tender tumor which descends into the vagina. These may be very safely removed by the same plan.

There is something rather obscure in the nature of these occasional and comparatively innocuous enlargements of the uterus. I have known, in young females, abdominal swellings arise to a considerable size, evidently connected with the uterus, and which have led to the suspicion of pregnancy; but they have gone off without any delivery, or even without extraordinary menstrual secretion. In old persons too, there are tumors in the region of the ovaries sometimes complained of, which however subside, and are reproduced so rapidly as to induce the supposition that the uterus may, under some circumstances, be an organ of very rapid growth.



Generally these enlargements are tardy in formation and in their departure ; and it is doubtless cases of this kind which have led some practitioners into the error of supposing they had cured scirrhus.

The treatment most successful is the abstraction of blood locally, and the administration of mild purgatives, with rest and the recumbent posture ; but these measures usually require to be employed with much perseverance. There is often found, however, in the patients of these affections, a kind of constitution in which no *proper* inflammation, if I may use the term, exists. The state I allude to may seem badly described, and even unscientific to mere theorists ; but practical men will readily allow that there are constitutions in which inflammation, though it may be controlled, cannot be commanded by antiphlogistic regimen—nay, which this often aggravates. Here tonics and slightly stimulant medicines do good, and they may be used even at the same time with local bleeding or counter-irritation. I should not omit to mention that, in strong constitutions, the iodine is the best application ; in weak ones, the tartar-emetic ointment.

Fourthly. Polypous tumors grow from any part of the inner surface of the uterus or vagina, but generally from the uterus, the mouth of which they pass through as they increase, and then expand in the vagina to a large size. They are insensible, sometimes soft, so that they bleed when handled, and indeed may be separated with the fingers ; but oftener are of a tough consistence, and generally are very smooth. Their form varies extremely, but generally they are moulded by the cavity or mouth of the uterus, or the vagina, to the respective shapes of those parts. The tumor is insensible, and of very slow growth. Mucus is secreted in great quantity, and is mixed with blood ; the latter often forming the greater proportion of the discharge. This fluid becomes coagulated in the vagina, and being prevented from passing out by the pressure of the polypus, very often becomes extremely offensive. The disease is common, but not so much so as malignant ulcerations.

We are much indebted to the late Dr. Gooch for a very clear account of the varieties exhibited by polypi, and of the symptoms distinguishing each state.

The symptoms he describes very accurately. "This disease is commonly for a long time mistaken for profuse menstruation, the patient instead of menstruating regularly and moderately, has frequent and profuse hæmorrhages from the uterus, and in the intervals a pale discharge. These gradually drain her circulation and injure her health, until she acquires the deadly paleness and suffers the complaints which are the ordinary effects of deficiency of blood. The absence of pain in the uterus or pelvis, (for there is often none, and never that degree which attends the malignant diseases of this organ,) leads to no suspicion that the hæmorrhages depend on a disease of structure. Tonics and astringents are given in various forms; one practitioner is consulted after another, till at length the uterus is examined, and a polypus is discovered."

Dr. Gooch describes all polypous tumors as round, smooth, firm, and *insensible*; for the most part this description is correct, but not invariably so, for insensibility of the tumor, a character which has been dwelt upon as pathognomonic, is in some instances absent. I had one case, especially, in which the extreme tenderness on pressure left no doubt on my mind that the disease consisted in an enlargement of the os uteri, and I declined interfering except by general treatment. A medical gentleman of my acquaintance soon after saw the case, and ignorant, as he afterwards confessed to me, that *tenderness* was not considered a symptom of the polypous tumor, applied a ligature. The tumor, on examination, proved a true polypus of rather firmer consistence than ordinary.

Independently of analogous growths from the vagina, the excellent author to whose labors I have referred divides uterine polypi into three kinds according as the stalk is attached to one part or the other. "The stalk," he observes, "is differently attached in different cases; in some it passes



through the orifice of the uterus into its cavity, and is attached to the fundus of this organ ; in others it passes into the cavity of the neck, to one side of which it is attached ; in others it does not enter the orifice, but is attached to one portion of its edge or lip ; hence a distinction of polypus of the fundus, polypus of the neck, and polypus of the orifice. This distinction must not be lost sight of, for it is of practical consequence. In ascertaining the nature of the tumor for the purpose of determining the propriety of removing it by an operation, the mode of its attachment is one of our chief guides ; and in this respect what is true of polypus of the fundus, is not so of polypus of the neck or lip.

“ In polypus of the fundus the stalk is completely encircled by the neck of the uterus, and if the finger can be introduced into the orifice, it passes easily round between the stalk of the polypus and the encircling neck.

“ In polypus of the neck the finger cannot be passed quite round the stalk ; it may be passed partly round it, but it is stopped when it comes to that part where it is attached to the neck, the stalk is only *semi*-circled by the neck.

“ In polypus of the edge of the orifice or lip, the stalk does not enter the orifice, but grows from the edge of it ; it feels as if a portion of the lip was first prolonged into the stalk, and then enlarged into the body of the polypus. It is important to remember that there is a polypus, the stalk of which is not encircled by the orifice of the uterus ; if it grows from the orifice it cannot be encircled by it.”

As might be expected, polypi growing from the fundus often enlarge considerably without any material symptoms occurring. In this way they have been known to grow as large as the head of a child, but they are always protruded sooner or later by the contraction of the womb, which, when irritated to a certain degree by their presence, acts upon them as it would act upon a foetal head, or other extraneous substance. Nor is this protrusion all that happens, the polypus sometimes dragging down the fundus, and thus producing

inversion—a very momentous disaster if the circumstance should remain unknown to the practitioner.

Polypi, easily curable if the surgeon is aware of their existence, often produce serious hæmorrhage or alarming depression. Yet they are not generally difficult of detection. The following are (with the occasional exception as to insensibility already mentioned) accurate diagnostic marks:—"In prolapsus, the tumor has at its most depending part a palpable orifice, that of the uterus, into which a probe or bougie can be passed several inches; the tumour is sensible, so that if pricked or scratched the patient feels it; the tumour grows broader the higher the finger is passed, and it cannot pass high, for it is soon stopped by the angle where the vagina is attached round the uterus. The higher the tumour is pushed the easier does the patient become. In all these particulars the polypus is just the opposite; it has no orifice, it is insensible, so that if pricked or scratched the patient does not feel it; the finger can be passed very high, and the higher it is passed the narrower becomes the tumour; the higher the tumour is pushed, the more uneasy becomes the patient. I have seen many cases of this kind which gave occasion to doubts, but never one in which it became a question whether the tumour was prolapsus or polypus of the uterus.

"Inverted uterus being a rarer occurrence, is less likely to be met with, but when it is, it is more likely to be mistaken for polypus. When the uterus is only partially inverted, that is, when its fundus only is drawn down through its orifice into the vagina, and the patient has survived for many months, the tumor feels exactly like a polypus of the fundus. The distinguishing marks are the time of its first appearance, which must have been immediately after delivery, and its sensibility. In the smoothness of its surface, the roundness of its body, the narrowness of its neck, and its being completely encircled by the orifice of the uterus, it sometimes exactly resembles polypus of the fundus."

The cure of this complaint can only be accomplished by



passing a ligature around the polypi, an operation not of a very formidable description, since these tumors are generally insensible.

## OF MALIGNANT DISEASES.

It may appear at first sight somewhat absurd to treat at all of incurable maladies, and especially in works like this. But I shall mention them first to admonish my female readers that our professional information is not quite so precise that they should necessarily give themselves up for lost because an eminent practitioner has pronounced their disease malignant. Repeatedly have I seen these gloomy apprehensions dispelled by spontaneous recovery, and then, not believing in the sanability of the diseases which I am about to mention, I have considered that they have been mistaken. Secondly, it may be useful to urge on my professional readers that we are too apt to undervalue the great importance of what is called the *palliative* treatment. There is something truly calculated to make the practitioner and the patient alike despond where it is fearfully settled that the end of the case must be death. Yet a highly palliative mode of treatment approaches as nearly to a curative as can be conceived. If one, labouring under a necessarily fatal disease, has by art his pain abated within very supportable limits, and his life prolonged to that period when in all probability, had the particular complaint been absent, some other would have carried him off; of what can he complain? In many asthmatic and cardiac affections it is tolerably certain that the patient must die of disease in the heart or lungs. But do we not keep these affections apparently quite stationary for years? and do not the patients subject to them often live to a great age, and often die of other complaints? Surely then to relieve pain and distress, although it pretends not to so dazzling an object of attainment as perfect cure, is nevertheless not to be despised or neglected by the medical philanthropist.

The first tumor I shall mention possessing malignant

characters is one that has been very appropriately denominated the **CAULIFLOWER EXCRESCENCE**. It appears to consist simply of dilated arterial ramifications, and bears some analogy to *nævi materni*. Its appearance is that of a cauliflower turned to a pale red; it secretes a great quantity of serous fluid, and bleeds on being rudely touched. It may be compressed very readily, and is not visible after death.

This tumor may be palliated, in early stages, by astringent lotions, and may so far be restrained by pressure, that it offers little or no impediment to parturition, even when of considerable bulk. The astringent application that appears to suit it best is a strong solution of sulphate of copper in water. And a sponge tent may be used advantageously to produce pressure. Local bleeding has been recommended, but should I conceive rarely be employed, except when inflammatory symptoms run high; even plethoric patients, affected with the cauliflower excrescence, have not appeared to be in any way better for bleeding.

A radical cure in a few instances, and palliation almost always, may be obtained by passing a ligature.

That terrible disease, **CANCER OF THE WOMB**, commences by an induration, which is scarcely to be distinguished in the first instance from the hardness that results from chronic inflammation; it occupies usually the cervix of the uterus, and it may occupy the whole or only a portion of that part. There is a discharge, not very profuse, of mucus, which as the disease advances is often tinged with blood, and occasionally a considerable hæmorrhage occurs, and seems to afford temporary relief. Constitutional disturbance is met with in a high degree; sickness and heartburn are frequent and are sometimes accompanied by a very troublesome nettle-rash. If the whole circle of the cervix uteri is effected no disturbance is generally caused from the pressure of the tumor; but when this seems to have grown from a portion of that part, pressure may be made on the bladder or rectum, and strangury or costiveness may result. Menstruation is irregular. The sensation communicated to the finger, on



examination, is that it passes through a cartilaginous ring, for the os uteri is more open than natural, and its edges indurated. When this induration is pressed upon, a lancinating pain is felt by the patient.

Cancer usually commences about the middle period of life. It is rare to hear of a cancer in a person younger than thirty-five years of age.

Local blood-letting, rest, low living, a restriction to vegetable diet where it agrees, fomentations, and anodynes, are palliatives of great use in this complaint. But if they do not produce a speedy palliation of the symptoms an operation should be performed. It is only not advisable to recommend this in all cases, because we may be mistaken, it may be *induration*, as before remarked, capable of cure, although it may have resisted our efforts. And here, therefore, I have a few words to say on the new operation of excising the womb.

#### OF EXTIRPATION.

Never perhaps was there a greater triumph achieved by surgery over human malady than when a woman, from whom our countryman Dr. Blundell had succeeded in completely extirpating a diseased uterus, recovered. Portions of this organ, either prolapsed or otherwise, had often been removed before, and the attempt at a more complete operation had been made, although with doubtful success. The operation of Dr. Blundell is undergoing, however, the same kind of criticism and imitation as have happened to all other grand improvements in surgery. Many young and inconsiderate practitioners have been anxious to perform, whenever it would be submitted to, an operation necessarily implying equal boldness and skill; and hence it is to be feared some may have been subjected to the torture of the knife in whom extensive disease had rendered any attempt of the kind perfectly futile; and others may have had life considerably shortened, at least with reference to the period to which it

might have been extended by well-directed palliative treatment. On the other hand, in this as in other instances, the timid and the unskillful find a ready excuse for their impotence in abusing the operation altogether as one alike painful and desperate.

To him that is neither carried away by the love of operating, nor dismayed by its difficulties, the course to be pursued with regard to the proceeding in question is clear. He will never consent to defer the alleviation of his patient's misery when he finds the resources of his art, and the suggestions of his friends utterly unavailing; when he sees her racked for years with pain, which even in the course of a few hours often amounts to far more than what would attend the operation itself. The suspicion even of remote disease should not always arrest our hand, since we may succeed, and at all events we gain a temporary respite, of the most gratifying kind. Where no suspicion of extended disease exists, where the constitution is tolerably good, and pain severe and unmitigable, appears to me that it would be culpable to hesitate.

ULCUS EXEDENS, or corroding ulcer, is as malignant as cancer, though a very different disease. It is characterised by a constant heat of the part, rather than pain, while cancer produces the most lancinating agony. The profluvia that attends these diseases are described as extremely foetid, though, as Dr. Clarke has explained, this arises rather from the difficulty that attends their perfect removal than from any peculiar acrimony when they are first secreted. The ulcer is appropriately named, for in its progress it perfectly eats away the substance of the uterus, so as to separate one part of that organ from another, although there is no surrounding hardness, and the structures but a few lines from the corroded surface seem perfectly healthy. The ulcer, moreover, has very little sensibility. Both this disease and cancer may be treated with palliatives, which though they never cure may restrain the progress of the disease for a considerable period. But here the question of so much importance naturally arises; namely, how far it may be prudent



to counsel the use of such remedies in the place of at once deciding on an effectual operation. My own rule, in this as in the case of cancer, is very simple. First I endeavour by careful and assiduous trials what degree of palliation I may be able to effect, and if this is little or none, should advise the operation. The famous operation of Blundell has not, I believe, been tried in this particular disease, but there can be no possible objection to it.

Should the palliative plan be decided on, it will consist of occasional local bleedings, either by cupping or leeches, rest, warm fomentations, bathing, and injections, alterative and anodyne medicines. Cupping may be performed on the sacrum; leeches may be applied to the labia; the hip bath may be used, warm water being injected at the same time, or injections may be formed with solutions of opium. Alterative medicines should be given, on the principle that the disturbance of the chylopoetic viscera which has been produced by the affection of the uterus, reacts upon that organ, and aggravates the intensity of the primary disease.

## ON MY IMPROVEMENTS IN OBSTETRICAL INSTRUMENTS.

The following brief appendix on the use of instruments may seem misplaced in a work destined for popular readers ; but I conceive it is important to familiarise the female mind with this subject, in order to remove the extreme terror with which the use of instruments, in midwifery is always viewed. It is fit women should understand that *no* instrument is now ever used to cut or in any other way operate on the mother. It is on the person of the child only that the accoucheur practices. It is also right that it should be understood that there are two kinds of instruments ; one (to which unhappily we are sometimes compelled to resort) that can only be effectual by destroying the child ; another in which no injury even to the child is contemplated. Moreover, so far are these operations from causing any *pain* to the mother, that many practitioners make use of instruments *without informing* the patients, who of themselves never discover that such have been used. Nor is there any danger to be apprehended, for it is a matter of experience that those who have had bad times, and have been under the necessity of receiving aid from instruments become convalescent in as short a space of time as those who have had perfectly natural and easy deliveries.

In asserting, however, that the use of instruments in midwifery is attended with no pain or danger to the mother nor in many instances to the child, I make the very momentous proviso that the said instruments shall be used by an operator of skill and experience. Those surgeons who are naturally clumsy, or who have had little practice in this department, often injure the child when they do not intend it, and give unnecessary pain to, or may inflict serious injury on, the mother. In this respect also harm may be done by the imperfections of the instruments used, a circumstance which induced me, some years since, to turn my attention to their



improvement, and I shall take the present opportunity of describing in detail what I have done. This appears the more necessary as I have reason to fear that some of the objects I had in view may have been misunderstood, which is the more probable because the only description I have given of my instruments is a brief one, which was published in the 46th volume of the Transactions of the Society of Arts.\*

The first instrument I have endeavoured to improve is the common forceps (fig. 4, 5 of the Plate). These are usually described as substitutes for the hand; for they grasp the sides of the head of a child in the same manner as the two hands might be supposed to do; and it is well understood that the substitution of these steel hands for the natural ones is only resorted to because the latter are too thick to be introduced, and are moreover comparatively powerless.

It follows, then, as a main principle in the construction of forceps, that the part that represents the hand should be made as thin as possible compatible with strength; secondly, that they should take a firm hold. Now, the second indication, I am free to confess, almost all the forceps in present use fulfil: they lay hold firm enough; but, as to the first point, they are all thicker than they need be; they consequently encroach on that cavity which is already too small for the passage of the child. In my instruments I have been enabled, by diminishing the fenestra, to render the blades much thinner than ordinary, and thus have gained one great desideratum. But then there is another point. In all the common forceps hitherto used, it has been assumed, that the child's head being of a globular form, the blades of the instrument must be curved not only in the direction of their axis, but from side to side. Now I deny this assumption. A child's head out of the body is globular; but when passing the pelvis, and still more when it is under the pressure of forceps, the head is so flattened that its rotundity is nothing. Hence (and this is the fact) the bevelled edges press into the child's head; and by pulling down, that is, extracting, the scalp is sometimes excoriated, and always more or less marked and indented.

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\* The appearance of my description in the valuable work above mentioned, arose from the circumstance of my having received the *Gold Vulcan Medal* and the *Large Gold Medal*, from the Society of Arts, for my inventions.

In bringing forward this instrument, I am particularly anxious to have its merits considered in comparison with those of my cotemporaries, because it must be obvious to any one that of the numerous and varying instruments used by different practitioners, all cannot be equally good. Yet persons speak as if differently constructed forceps might have just the same powers, and they say, “such an instrument is very *ingenious*, but I prefer the old one. Now if a new instrument be different from the old one, it must be in some one respect assuredly better or worse. If it is better, a decided improvement has been made, and it should be adopted; if it is worse, it is not *ingenious*—it is stupid, and the inventor should be presumed all the more ignorant for having brought it forward.

Without allowing myself to institute comparisons between my instruments and all those which we see in the shops, and to which I have already taken some general objections that are sufficiently conclusive, I shall proceed to point out especially in what they differ from a pair brought forward with no little pretension by Dr. Davis of the London University.

In the first place this gentleman has lengthened the shank an inch and a half in order that the locking of the instrument should not take place “at the outlet where the important structure there situated being more or less distended and disturbed by the movements of the instrument is much exposed to contusion or entanglement during either a careless or a difficult adjustment of the lock.” Now as every one knows that by the interposition of the fingers *entanglement* may be prevented, and as contusion or distention can only happen from opening the shanks too wide, which must occur just in the same degree in the modern construction—this is no improvement. Power is lost in the leverage of the handles; steadiness in the holding of the blade and—*novelty* only gained. In the next place, Dr. Davis has extended the blades so that he says they “are much broader than those of any other English forceps, with the exception of Haighton’s, and as far as I know than those of any foreign specimens with-



out exception." The object of this separation of the blades appears to be to allow the prominences of the parietal bones to escape through the fenestræ, and thus obtain a firmer hold on the head. It appears to me that this notion, although sanctioned by many who had preceded Dr. Davis, is entirely erroneous. If ~~the~~ the forceps acted by *surrounding* the parietal protuberances, they must of necessity act by pulling the inner *edge* of the fenestra against the scalp, and the inviolable consequence must be laceration, or at all events contusion. The true points on which the forceps should lay hold are all those parts which are beyond the parietal bones, and in proportion to the extent of these regions which they may cover, so will be the power and security of the instruments.

The enclosing part of the head in the fenestra is not then any improvement. It remains to be seen whether the instruments we are examining are calculated "to embrace the child's head by many points of contact;" an object which the Doctor is very desirous of attaining. Let any one examine Plate IV. of the *Elements of Operative Midwifery*, and he will perceive that these forceps embrace but a very narrow line of surface—but he will be particularly struck with the circumstance that the cheeks and chin which form so excellent a point for the action of the forceps are scarcely touched. In fact the instrument is not sufficiently *curved* towards its termination.

The great use of prolonging a curve to near the extremity of the blades was well perceived by those who invented the *lever*, a justly exploded instrument, but still adapted to the erroneous objects of its inventors. The want of observing this simple principle, has obliged Dr. Davis to multiply the number of forceps to an extent that is quite absurd; and in one instance actually to form a *joint* in the middle of the blade of the forceps to obtain a mode of embracing the chin! I have met with the various cases the Doctor describes, but never had occasion to employ any thing but the instrument before described, of which the great strength renders slipping

impossible, and of which the broad, flat, and thin blades are so well calculated to embrace a large surface of contact, and to press the head in a direction the most favorable to delivery.

#### OF THE EMBRYOTOMY FORCEPS AND PERFORATOR.

There are cases in which no common forceps can be safely or effectually applied—cases where we are obliged to perforate the head of the child, destroy the brain, and remove the child. For these purposes two instruments have been in use; one a *perforator*, and another to draw down the deceased child, either entire or in fragments. The perforator in common use is a very dangerous instrument; for it is sharp-pointed and cutting both ways; and hence, if care be not taken to guard it in its passage to the child's head, or if it should slip when arrived there, it cuts the soft parts of the mother, and most probably destroys her. The following are the specific objections to this instrument, as it is commonly made:—First, its perforating point is curved, which is about as sensible an arrangement as if, previously to driving a nail into a board, we were to turn its point round; secondly, the point is formed of the two blades united; but as no instrument can be made so true but that its points may bend, or its joint vacillate, these two points are never really together; thirdly, when these instruments have been introduced, they have to be opened in order to make an incision. And how are they opened? Either in the same way as a pair of scissors, by the feeble and ineffectual powers that separate the thumb and fingers, or by the use of both hands. In the first case, our power is too feeble, to be of any use. In the second we leave the soft parts unprotected; great exertion is required to open the blades; one slips out, and, perchance, cuts the woman. Now these inconveniences I have thus obviated, (fig. 1). I have straitened the points of the instruments, because it will thus perforate easily without much force, and to a certainty without slipping. I have made my point on one blade only, that it may always remain fit for use. By turning the handles across, I have subjected them to that firm, steady, and manageable power of grasping which the hand possesses, instead of leaving them to be worked by the feeble and tottering movement of the thumb and fingers.

“The instrument which is used to withdraw the child after the head has been perforated, consists of a pair of blades, one of which is inserted into the child's head, whilst the other is on its sides; and one of these is furnished with sharp teeth, shutting into holes in the other. These instruments were a great improvement on the old blunt hook; but they were apt to slip from their hold, partly on account of the smallness of the teeth, and partly on account of the length of blades and shortness of the handles, by which their leverage was much weakened.



Dr. Conquest endeavoured to obviate this inconvenience by uniting the handles; but, in so doing, he united them by a hinge that, without extraordinary care, may cut and nip the soft parts of the mother, producing great pain and danger. Moreover, he diminished the teeth, already too small to perforate the bone, and consequently, his forceps continually slipped away with portions of the scalp, leaving the bone bare.

I have united the blades by a joint that will not admit the smallest particle of matter to get into its interstices (fig. 2.) I have enlarged the teeth so that they will perfectly transfix and retain hold on the firmest bone, and I have effectually guarded them from any contact with the soft parts of the mother. My instrument is also more massive than those in use, because I consider the strength of the instrument enables us to use our power more effectually. There appears to be no greater error than to fancy that, with weak and flexible instruments, we avoid using great force;\* they slip, yield, and though we may exert no power, we are sure to exert violence. Now such an instrument as I have invented allows us to abstain from using great muscular exertion to keep it closed, and very slight drawing downwards enables us to use much force; our efforts may be perfectly regulated; we are sure to make our traction in a right direction: in a word, we have a full command of our operation.

These instruments are available in all cases where it is decided upon to extract the child dead. If there is such a diminution of the pelvis only, that the body will pass when the head is evacuated of the brain, they will bring it forth entire. If the cavity be so small that this cannot take place, they will break down the body into small portions, and remove it piecemeal. If there occur cases where the smallness of the pelvis will not admit these instruments to be applied, I am bold to say no instruments hitherto invented can be used.† We must then have recourse to that terrible alternative—the Cæsarian operation. But the instrument I am now about to introduce will, if used in time, prevent the necessity of this cruel operation.

#### OF THE STILET.

It has long been established by enlightened practitioners, that when a woman is so deformed that she cannot bear a child without the Cæsarian section, and she is discovered to be pregnant, abortion should be brought on. This is to be effected by puncturing the membranes that contain the child. Now the instrument in use is a common stilet; but the operation is so difficult, that it is very rash to use a bare-pointed instrument in performing it. The mouth of the uterus is not easily

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\* See on this point the observations of Dr. Blundell.

† I say this in direct contradiction of the dogma laid down in the grandiloquent quarto of the Professor of Midwifery to the London University, who has invented some instruments for embryotomy which may be very well used on the phantoms of his class-room but never on a living female.

discovered, and when it is discovered, is so far closed that it is difficult to avoid wounding its lips; and, while we are examining with the finger, be it remembered, this pointed stilet is left unguarded. I have obviated this difficulty simply by turning the stilet into a trocar (fig. 6, 7.) I pass a canula, perfectly smooth and innocuous into the vagina; find the mouth of the uterus with my finger; introduce the canula into that opening; and now I know I am safe. I press a bolt, which drives a trocar out of the end of the canula, penetrates the membranes, and retracts itself the instant my finger is withdrawn. The liquor amnii follows, and labour ensues.

This instrument may also be advantageously applied to puncture the membranes in ordinary cases of labour, when they are very firm and unyielding.

These instruments will be better understood by the following—

#### REFERENCE TO THE ENGRAVING.

Fig. 1 represents a perforator for opening the head when too large for delivery. While in the act of perforating the hand is placed between the handles *a b*, and grasps the portions *c d*, by which the handles are kept distended: this keeps the ends *e* and *f* closed together, forming a sharp spear-pointed perforator; the end *e* only is formed into a sharp point, the other *f* fitting in so as to complete the two cutting edges; the top of *f* is notched, as shewn in the separated blades, fig. 11, to fit the handle at *e*; it is thereby kept from springing or straining the joint while using it as a drill; then, when by some turns it has pierced the cranium, and entered to the shoulders *g g*, the handles *a b* are closed, as shewn by dotted lines: this action opens the perforating points *e* and *f*, as shewn by dotted lines, their sharp edges making incisions on each side of the perforation; it then is grasped again at *c d*, to close the points, which then are to be thrust through the opening, and after breaking down the contents of the cranium, it is withdrawn. The craniotomy forceps, fig. 2, is then to be introduced, while closed, till the point of the concave blade *h* reaches the perforation: it is purposely made longest, that it may slide over the outside, while the convex blade *i* begins to open and enter the perforation: this blade *i* is furnished with three chisel-shaped teeth *j j j*; they enter, while closed, three corresponding holes *k k k* in the opposite blade. They are better seen in fig. 3, which shews the inner faces of the blades *h* and *i*; smaller pointed teeth are also fixed in the blade *h*, with small corresponding holes in the blade *i*; these secure the external integuments, while the three chisel-like teeth pass through the bone of the head, and enter the perforations in the blade *h*, thus giving a very secure hold, and the head may be extracted without any danger of its slipping away; the joints of these forceps are turned and halved into each other, so that they form a round mass, and therefore, in opening or closing, cannot pinch or injure the soft parts near them.



Fig. 4 represents a pair of common forceps; fig. 5 an outside view of one of the blades separate: their slender edge and small fevectræ are here demonstrated. Fig. 6 represents a perforating stilet, for the purpose of avoiding the use of the perforator by procuring, in deformed women, abortion: it consists of a long hollow tube and handle, slightly curved at the end *l*; within this slides a jointed stilet, shewn separate in fig. 7; a spiral spring *m* is placed at the lower end, which, acting against a shoulder within the handle, keeps the stilet down safe within its sheath: *n* and *o* are the two joints which allow it to slide in the curve at *l*; a slit is made in the tube at *p*, fig. 8, in which traverses the screw *q*, which is fixed to the stilet: this both keeps it in the tube, and limits the motion: a button *r* at the bottom serves to press up the stilet, and protrudes its sharp point *s*, to make a puncture; then, on removing the thumb, the spring *m* immediately draws it within the the sheath. Fig. 9 is an end view of the perforating points of fig. 1; and fig. 10 a section of the blade, fig. 5.

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CERTIFICATES.

*April 10, 1826.*

I am little a judge in such matters, but the instrument of Mr. Holmes appears to me to be safe and ingenious.

I am of opinion that it might be safely and effectually employed to break a stone in the bladder, in the operation of lithotomy.

ASTLEY COOPER.

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*29, Conduit-street, March 28, 1826.*

I have examined a pair of craniotomy forceps of Mr. Holmes, and they appear to me to be admirably contrived; and that their application, in cases where they are required, will very much facilitate the operation of extracting the foetus.

HENRY DAVIES, M.D.

*Physician to the British Lying-in Hospital.*

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*Broad-street-buildings, March 30, 1826.*

I have been shown a pair of craniotomy forceps, invented by Mr. Holmes, and think them very appropriate to the purpose of extracting a dead child through a pelvis which is much deformed; at the same time the instrument displays considerable ingenuity.

JOHN RAMSBOTHAM.

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*Broad-street-buildings; March 29, 1826.*

I think Mr. Holmes's craniotomy forceps, while they display much ingenuity, are calculated to afford the operator great power in his attempts to extract a perforated head through a deformed pelvis.

FRANCIS H. RAMSBOTHAM, M.D.

34, *Brook-street, Grosvenor-square*; March 29, 1826.

I have examined a new craniotomy instrument, invented by Mr. Holmes, and think it possesses great ingenuity. It appears to be a perfectly safe instrument, and will enable the operator to exert great force in the extraction of the head through a distorted pelvis.

SAMUEL MERRIMAN, M.D.

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*Saville-row*; March 29.

The instrument which has been shown to me by Mr. Holmes seems well calculated to bring the head of a dead child through the pelvis.

CHARLES M. CLARKE.

SIR, *Guilford-street, Russell-square*; April 1827.

I have examined with much care the instruments which you have invented, and am decidedly of opinion that they are far superior to those in ordinary use. I have used the perforator and craniotomy forceps on *two* occasions, with a degree of success that very much gratified me. Your common forceps I have applied *once*, and am perfectly convinced that they are the best instruments of the kind (numerous as the varieties of common forceps are) that have been invented.

J. P. Holmes, Esq.

GEO. SHIPMAN,  
*Lecturer on Midwifery.*

SIR, *8, Hatton Garden*; April 12, 1827.

I have much pleasure in expressing the favourable opinion I entertain of your improvements in obstetrical instruments. In the *perforator*, especially, you appear to me to have shewn us that you possess two important qualifications which are rarely united—great mechanical ingenuity in the construction of the instrument, and a minute practical acquaintance with all the anatomical and physiological details of the parts that are the subjects of obstetrical operation.

J. P. Holmes, Esq.

W. G. JONES.

SIR, *3, Nottingham-place*; March 5, 1828.

The obstetric craniotomy forceps and perforator which you requested me to use, answered quite to my satisfaction, and were far superior to those which I possessed, invented by Dr. D. Davis. Your perforator being straight, having *one point* only, and the dividing edges opening upon a different principle to other perforators, give it a decided superiority.

I have much pleasure in stating, also, that the forceps retain their hold much better than any which I have used formerly.

J. P. Holmes, Esq. J. CHOLMONDELY,  
*Of the Queen's Lying-in Hospital.*



SIR,

*St. Saviour's, Southwark; March 6, 1828.*

Your obstetric instruments, consisting of the craniotomy forceps, the perforator, the perforating stilet, and the bow-forceps, I have inspected, and consider the instruments to be simple, effectual, and, in prudent hands, safe.

The craniotomy forceps I have had occasion to use; and though they are large and heavy, my opinion is, that they constitute one of the best instruments for their purpose which has yet fallen under my notice.

*J. P. Holmes, Esq.*

JAMES BLUNDELL.

“This instrument, contrived by Haighton, and much improved by Dr. Davis, has been still further perfected by Mr. Holmes, of Old Fish Street, a gentleman who, to omit his other instruments, has produced the best pair of craniotomy forceps that I know of, and which I now always use.”—*Extract from Dr. Blundell's Lectures at Guy's Hospital, as reported in the Lancet, for 1828, p. 130.*

Having thus described my instruments, and shewn, by the testimonials of the first practitioners, that they are capable of performing the objects I had in view, also that these objects were not attained by the old practice, I might conclude the subject, if I were not aware that as all new inventions are sure to be attacked, so mine have been, and therefore I may be called upon for a defence. The first objections I meet with are from those *who have invented instruments themselves*. They very politely allow that mine are very good, but they manage so well with their own as not to feel any change necessary: and they observe that in skilful hands it matters not what instrument is used. I allow this truth, but I contend that in inventing surgical instruments, it is our business to look for and recommend such as are *least liable to do mischief in ANY hands*. Every one must know that about nine-tenths of the females in this country are delivered by persons who have not the experience necessary for great skill in obstetric operations. There is something exceedingly selfish in any one saying, because *I* can accomplish a difficult operation with a bad instrument I shall not further any expedients which may enable those less skilful to emulate me.

Moreover, this objection will apply to all improvements in surgical instruments whatever.

A still weaker, but much more annoying, objection than the last has been raised by those who presume that a practitioner cannot be particularly skilful in the fabrication or use of instruments without being prone to employ them where nature might accomplish the parturient process without them. It has often been insinuated to me by other practitioners that they must have been particularly fortunate, inasmuch as in the course of a long practice, they have never found it necessary to avail themselves of agents of the kind; and hence they have not only entertained and almost avowed the opinion that very particular attention to the structure and use of instruments is superfluous, but that it is injurious, by leading to more frequent employment of them than is absolutely necessary.

No one can deprecate more earnestly than myself anything like unnecessary interference with nature, who is, I know, in most cases, all-sufficient; and I have witnessed, on many occasions, the most serious consequences result from the interference of the practitioner with the natural processes. But I have generally found that those who have thus inclined to interfere were not the best calculated to employ instruments, but the reverse; I am perfectly well assured that where one woman is lost from the improper use of instruments, hundreds are sacrificed to the neglect of their employment. The objection against them is one that is extremely convenient to ignorant men, and to those who have had but little experience; but I am contented with knowing that the wiser part of the profession are fully agreed that as no part of surgery requires greater art than obstetric operations, nor demands more mature deliberation, so none requires more accuracy, firmness, and skill.

FINIS.













